

What's Happening?

A NEWSLETTER

FOR THE MAINE MEDICAL CENTER FAMILY

Generous gift to support nursing education and patient care

Maine Medical Center is honored to announce the establishment of The Alfred and Suzi Osher Nursing Education Endowment Fund For the Care of the Elderly and Children and The Alfred and Suzi Osher Endowment Fund for Geriatric Care. A magnificent pledge of \$1 million dollars from Suzi Osher in honor of her husband Alfred Osher, DDS, reflects their belief that families expect and deserve the most professional and caring encounters with their caregivers.

Maine Medical Center is noted as one of the premier teaching hospitals in the United States. The education of all caregivers is part of our mission. All of our healthcare professionals work in a teaching-learning environment, insuring the care they deliver is the best and most advanced possible.

The Alfred and Suzi Osher Nursing Education Endowment Fund has been established to support specialized nursing and allied health professional training for care of the elderly and

children. This endowed fund creates an everlasting resource for advanced nursing education related to the training of nurses in the specialized care of the elderly and children. The fund will support advanced training courses for nurses who work with frail and elderly patients or children with serious conditions. Critical decisions must be made in the course of healthcare and each of those decisions has special meaning.

The Alfred and Suzi Osher Endowment Fund for Geriatric Care will help provide educational resources and support for everyone involved in the senior community. This gift will provide long-lasting assistance for the Geriatric Program as it grows beyond Greater Portland and simultaneously expands the linkages with community organizations needed to provide the variety of geriatric services patients may need.

Maine Medical Center opened its Geriatric Center in



Alfred Osher, DDS

MMC elects trustees and officers

The Maine Medical Center Board of Trustees welcomed six new Trustees, said farewell to seven of its members, and elected officers at their recent annual meeting.

The new Trustees are George M. Babikian, MD, Bill Burke, William L. Caron, Christopher F. Pope, MD, Wilma M. Sawyer, and David E. Warren. They join Heidi N. Hansen and Lawrence R. Pugh, who were reelected to serve on the board through 2004.

The Board expressed deep appreciation to retiring Trustees Richard D. Aronson, Meg Baxter, Betty Jean Braley, J. Howard Hannemann, MD, Daniel M. Hayes, MD, Donald L. McDowell, and Anne B. Pringle. Donald L. McDowell was elected an Honorary Trustee.

Hugh G. Farrington was elected as Chairman, Vincent S. Conti as President, John E. Heye as Treasurer and Registered Agent, and John D. Duncan as Secretary.

Other officers were also elected: Richard W. Petersen, Executive Vice President and Chief Operating Officer; F. Stephen Larned, MD, Vice President, Medical Affairs; Martha A. Riehle, RN, Interim Vice Presi-

Walk For Your Life!

Take a walk! The Maine Heart Center and Impressions Café sponsor a daily walk in and around the hospital. Look for a schedule of walk times near Impressions Café and Public Information. For details, contact Tracy Nelson, RD, 871-2338.

TRUSTEES, FROM P.1

dent, Nursing and Patient Services; John E. Heye, Vice President, Finance; Paul D. Gray, Vice President, Planning; Paula S. Squires, Vice President, Human Resources; Dennis P. King, Vice President, Behavioral Health; and Michael J. Ryan, Vice President, Operations. Donald E. Quigley was elected Assistant Secretary.

OSHER, FROM P.1

1998. This program has immediately recognized the public need for comprehensive services for the elderly. It makes a difference for patients and their families when they come to Maine Medical Center for comprehensive geriatric care.

At the Geriatric Center, seniors and their families are met by a professional team ready to assist people 65 and older. The Center's goal is to help seniors stay out of the hospital and live independently at home whenever possible. The staff work with seniors, their families, and their doctors to coordinate a plan of care to treat common aging problems. This endowed fund will support their efforts.

All contributions to these funds will be endowed with annual income interest only used for the restricted purposes outlined above. A funding allocation team will have discretion for recommending use of the available endowment income generated by the funds.

Outpatient Pharmacy changes hours of service

Effective Monday, January 8, the hours of service for the Outpatient Pharmacy have changed. The Outpatient Pharmacy will be open Monday through Friday from 0900 to 1730 hours. It will be closed evenings, nights, and weekends.

Pickups of new prescriptions and refills can only occur between 0900 and 1730 hours. Between 1730 and 0900 hours, nursing and other staff will be re-directed to the rear service entrance of the Pharmacy (adjacent to the entrance to Impressions Cafe) for retrieval of supplies and medications for hospitalized patients.

Please make a note of these hours and take every opportunity to plan for medication needs accordingly. The Department of Pharmacy Services is hopeful that the change in hours is only temporary. Thank you for your cooperation during this period.

Recycling Refresher



Remember the "blue buckets" we have for recycling? Remember what should and should not go in them? Most of them have a label on the side with lists of what can be recycled and what can't. When food waste, tissues, needles, newspapers, glossy magazines, and other contaminants are mixed in with the recyclable paper, the entire contents must be placed in the regular trash, defeating the intent of MMC's recycling program. It just isn't possible for Environmental Services staff to sort through all the blue buckets. Please take a moment to look for a waste receptacle for non-recyclable items.

Do remember that MMC recycles cardboard as well. Place it in the soiled utility room or, in administrative areas, outside your office door at the end of the day for pick-up.

Outreach Education Council presents The 12-lead ECG: *Essentials for Acute Care Practice*

January 19

This program will present a spectrum of topics in clinical electrocardiography designed to address the needs of a diverse participant group regardless of expertise or practice setting.

Content will address physiologic principles and approaches to ECG interpretation, diagnosis of selected coronary and noncoronary disorders, priorities for management, and plans for ongoing surveillance and prevention. Case application will be integrated throughout.

It is *strongly* recommended that registrants have completed introductory programs or modules in basic monitoring and arrhythmia recognition.

MMC Dana Health Education Center

Accreditation 6.3 Contact Hours

For a brochure or to register, call 871-2290



NURSING BI-LINE

A Publication of Nursing Services

JANUARY 10, 2001

Nurse to Nurse

Like many of you, New Year's weekend found me reflecting on the past year and making the typical resolutions for personal change in the coming year: lose weight, increase exercise, sleep more, argue less.... Thinking about the past year and recognizing the growth and changes in my personal life resulted in my contemplation about the year at Maine Medical Center.

We opened the year (and the millennium for most of us, unless you're a 2001 believer) with the Y2K non-event and ended the year with an unresolved election. Throughout the year, the entire Maine Medical Center staff cared for an unpredictable number of patients who offered numerous positive

comments like the following: "I'd recommend this hospital to anyone -- been in other hospitals out of state -- they do a great job here!"

The past year also saw a major labor organizing campaign, which resulted in an election in mid-September. As most of you are aware, objections were filed after the election and, unfortunately, the National Labor Relations Board has not yet rendered a decision on those objections. Because the summer and fall labor campaign was particularly stressful for everyone at MMC, I hope that each of you found some time for personal reflection in order to renew your spirit and replenish your sense of self.

In anticipation of the coming year and in considering

areas that I might influence during my time as Interim Vice President, I'm particularly interested in continuing MMC's move to an atmosphere of 'realized potential'. In his book, **Leading Without Power**, Max DePree writes that "a place of realized potential opens itself to change, to contrary opinion, to the mystery of potential, to involvement, to unsettling ideas ... a place that heals people with trust and caring."

Change doesn't happen overnight, but together we can move toward an atmosphere of increased trust and healing. We offer nothing less to our patients; now we must all work toward creating the same climate for ourselves.

--Marty Riehle, RN
Interim Vice President
Nursing/Patient Services

Gearing Up for Change in Standards of Care

Happy New Year and here's to a prosperous and fruitful 2001! A change in the Standards of Care being used by the Medical, Surgical, Pediatric, and Family Birth units will take place on January 16. These areas are gearing up for them now.

What's new? There are a number of changes that will benefit nursing:

- We will be in compliance with JCAHO regulations for pain assessment and manage-

ment.

- The discharge record has been incorporated into the Patient/Support Person Education Record..
- Selected standards had nursing interventions added or removed as requested by staff.
- Language was examined for consistency and a template for the standard of care created for Careminder.

The impact on you? There may be practice changes inher-

ent in the standards so you will need to update yourself. For example:

- Do you know how to use the pain scales appropriate to your usual patient population?
- Do you add cultural preferences to the standard? If not, do you need to learn about them or do you just need to start writing them down?
- What do you use for teaching the patient and family? You start with the Learning Needs Assessment to identify your patient's capabilities. Then the Education Record cues you as

to what to teach.

Why is this important? The Standard of Care is the basis for nursing practice at MMC. These pre-written documents assist staff in offering an appropriate level of care for the patients we serve. As we move toward an automated system, the Standard will continue to be the bedrock. Policies, procedures, and protocols all contribute to the standard. While the standard as written shows the "minimum" to be done, individualized interventions are the part of the Standard

that make the patient an individual and show we recognize his or her special needs. Without this individualization, we have only pieces of paper.

Head Nurse Kevin Griffin, RN, R5, agrees that the standards have been used as a focus for documentation. He says "it is time we focused on practice." Kevin and Peg Estee, RN, Assistant Head Nurse, PACU, co-chair the Care Standards Committee of Nursing/Patient Services.

—Lois Bazinet, RN
Staff Development Specialist

Now Mandatory: Pain Management

JCAHO's new Pain Management Standards state that all patients have the right to proper pain assessment and management. The standards call for healthcare providers to use age-specific pain assessment scales. These scales should be used consistently across units and departments. Staff are encouraged to consider pain assessment as a fifth vital sign. Ongoing monitoring and treatment of patients who have pain is a priority with the goal that all hospitalized patients are pain-free. Although pain can be a common part of the patient experience, research tells us that unrelieved pain has adverse physical and psychological effects and, therefore needs to be controlled.

At MMC, we use the following pain assessment scales: the CRIES Scale is used with infants, the PEPPS Scale with toddlers, the Wong/Baker Faces Scale with 4- to 7-year-olds, and the Visual Analog (1-10) Scale with older children and adults. The scale should fit the patient's age, condition, and developmental level. Also, the patient and family members are taught about their roles in pain management.

MMC's Pain Assessment and Management policy and procedure provides guidelines for clinical practice. Initial pain assessment is completed on admission and reassessment of all patients occurs every eight hours. Patients who have pain require interventions to reduce the pain with reassessment at least every four hours. Patients are also assessed at discharge and plans are made for continuing symptom management following discharge.

The new JCAHO standards promise patients that their pain will be assessed and managed appropriately. Controlling pain promptly and keeping it well controlled is a priority for all healthcare providers.

—Janice B. Charek, RN, Staff Development Specialist

Evidence-based Practice: Just What Is It?

Evidence-based practice is the new pronouncement for providing best healthcare. Exactly what does that term mean? Who determines the evidence? How can I, as a bedside nurse, know that I am providing best care and that the care I provide is based on evidence?

For answers to these questions and others regarding evidence-based practice, plan to attend the seminar by Dr. Cheryl Stetler, Monday, January 22, from 0830 to 1000 hours, in the Dana Center Auditorium, sponsored by the Nursing Research Committee.

Dr. Stetler was a pioneer in research utilization when her first article on applying research findings to practice was published in *Nursing Outlook* in 1976. For the last 25 years, she has been teaching and modeling methods for research utilization in nursing practice.

Her experiences have provided her with an extensive background vis-à-vis the best ways to critique research publications and evaluate the strength of the external evidence provided by the research and the internal evidence provided by quality improvement data collection. Her presentation will include several clinical examples of how she has used the Stetler model in the development and implementation of evidence-based standards, procedures, and practice.

**Mark your calendar for
0830-1000 hours
Monday, January 22!**

—Alyce Schultz, RN, PhD
Nurse Researcher

Go Peggy!!

After so many years of seeing Peggy on evenings, it seems strange to see her suddenly walking down the hall at 10 in the morning. As MMC's new Central Bed Manager, Peggy Farr now has a day job.

Like so many others, I couldn't wait to ask what motivated her to leave her job as an Evening Supervisor. It was the role we had known her in for years, a job she did superbly well, and a job she loved. This new job really had to be special.

It didn't take me long to find out that Peggy was starting this job with the same enthusiasm she brought to her last position. Her comment to me was "We have a problem and I now have the opportunity to try to do something about it". According to Peg, bed placement

has been an issue for a long time but in the last six months, the evening supervisors have been spending about 40% of their time on this issue.

High census now seems to be the way of life and all the units and many departments are affected. There are a multitude of people who are spending an increasing amount of time dealing with the issue of bed placement on a daily basis. By being able to devote all her time to this issue, Peggy hopes to be able to start dealing with it effectively and to start to identify some long-term solutions. Because she will have a broad perspective, Peg hopes to be able to bring new insights to the problem.

Peggy's goal is to find the "right bed for the right patient". Her observation is that too many times we end up transferring patients from unit to unit be-

cause of bed placement needs. Because we are a tertiary care center, we receive transfers from all over the state which makes planning hard to do. We need to make all our patients feel welcome. We need to get them in the right spot the first time.

Peggy has no doubt that the "bed placement" issue can be solved. There are many wonderful people looking at this issue. By increasing communication, improving the current systems, and evaluating our current technology "we will be able to decrease the barriers and have optimum patient flow". After talking with Peggy, there is no doubt in my mind she is correct. Though we will miss seeing her on evenings as the Evening Supervisor, we all wish her well. Go Peggy!

—Deborah Kinney, RN
Staff Development Specialist

GIAP Is Back!

You may recall that back in April and May of 2000, seven patient care units were chosen to participate in the *Geriatric Institutional Assessment Profile (GIAP)*. The GIAP is a survey developed by Nurses Improving Care to the Hospitalized Elderly (NICHE), a national initiative to assist healthcare organizations in meeting the needs of the acutely ill elderly. The GIAP measures participants':

- attitudes toward caring for the elderly
- knowledge of guidelines for care of the elderly
- knowledge of common geriatric syndromes
- perceptions of barriers to best practice for elderly patients.

Two hundred RNs, LPNs, and CNAs from R1, R3, R4, R5,

R6, P3CD, and R7 were selected to complete the GIAP survey. The surveys were returned to the NICHE group in mid-May, the data was analyzed, and the report has come back to MMC. Our excellent return rate of 76% provided the basis for the report, which not only contains our data, but also compares our data to peer hospitals and all hospitals that have completed the GIAP. The report was shared with the Leadership Council on December 21 and will come to participating units soon.

The report contains few surprises and validates trends recognized from other data sources, such as skin care rounds. Demographically, we are quite similar to our peer hospitals and all participating hospitals. Over 91% of our respondents were

female, aged 40, with an average of 15.6 years of education, and over 15 years in the profession. Our staff averaged 11.9 years at MMC, which was almost two years longer than the respondents from either peer or all other participating hospitals. MMC staff perceive the appropriate use of incontinence pads, tube feeds, restraints, adult diaper, urinary catheters, pain medication, sleeping medication, and pressure mattresses 70 to 80% of the time. The number one and two obstacles to the care of older adults were staff shortages or time constraints.

The report also identifies the need for further education on pressure ulcers, sleep management, and knowledge of incontinence management. When compared to both our peer hospitals and all hospitals, the data scores demonstrate that MMC

values staff and older adults better than either our peer hospitals, or all participating hospitals. We also have less practice obstacles to geriatric nursing. However, we score less than our peer hospitals and all hospitals on the issues of promoting information exchange and economic and process obstacles to geriatric nursing.

Staff were also asked to identify 'the most pressing issues you currently face with older adults'. Staff provided 106 comments around issues that can be divided into eight themes:

- family/community support,
- patient safety/care,
- staffing,
- behavioral challenges,

Patrick Groupies

If you passed through the R7 Solarium on December 21 between 0900 and 1300 hours, you would have heard Patrick Freeman playing Christmas carols and other tunes on his keyboard. It was a pleasure to see six or seven cardiology patients, their family members, and cardiology unit staff enjoying the moment, tapping their feet, and singing carols.

I asked a patient how she was doing, and she told me that this morning was the best healing therapy she'd had during her stay on R7. She was a former music teacher and chatted with Patrick about his skill on the keyboard; she was very complimentary on his ability.

This same patient was hospitalized a year ago on Christmas Day on R7 where Patrick was on the keyboard and bringing joy to healing hearts.

Patrick has been a CNA on R7 for two years and volunteers

- decision-making,
- end of life.

The GIAP report will be analyzed to provide unit-specific data to the participating units. The Nursing/Patient Services Research Committee again thanks the respondents and managers for their commitment to this project. As the report is disseminated and discussed, we are confident it will assist us in determining priorities in improving care for our hospitalized elderly. If you have any questions about the report or data, please contact Susan Goran, RN, Research Committee Chair, 871-2083, or Alyce Schultz, PhD, RN, Nurse Researcher, 871-6011.

—Susan Goran, RN
Staff Development Specialist

his time and his "gift" to the patients. He used to teach piano, sold organs for several years, then he picked up the keyboard. Before taking up music, he graduated from the University of Orono with a BS in Education. He taught mentally challenged children for five years. He says that's where he learned patience. Not completely satisfied with teaching, Patrick became an EMT, then a CNA; he worked in nursing homes for nearly 10 years before joining MMC. He also played his keyboard for residents of the nursing homes.

Patrick has other career goals in mind, but he loves his job on R7 and does the best he can to make patients feel better: "sometimes all it takes is a smile or a little humor to make their day". Patrick's patients also appreciate his extra attention and caring which comes through loud and clear. Thanks, Patrick!

—Judy Thomas, RN
Staff Development Specialist

Five Years & Counting

Each month, representatives of the perioperative nursing units (ASU, PACU, OR) and anesthesia meet to discuss interdepartmental issues that impact a patient's surgical experience at MMC. The road to this established communication forum has had its ups and downs. Belief in the importance of all members of the patient care team being able to share information and evaluate patient situations has made the effort worthwhile.

The group has solved many seemingly mundane matters, such as which patients need to go to PACU from the OR in their inpatient bed, and whose responsibility it is to take care of PCA pump charges. It has also forged the way for establishing lasting initiatives that have radically changed how patients and families experience surgical care. Parents can stay with their children as they are put to sleep and there's a major team effort to start the OR schedule on time.

The group's interactions have also helped various disciplines understand how they impact each other. An ASU nurse tells anesthesia, "If you spend 15 minutes with the patient in ASU, you take away from nursing time. Let's find a way for both of us to have time with the patient."

The collaboration is the foundation for the perioperative areas to approach implementation and training for the Navi-care computerized patient tracking system, which will be operational the end of January. It's a big project, but, luckily, it's five years and counting.

—Linda Banister, RN, MS
Staff Development Specialist

Marketplace

In order to ensure that everyone has an opportunity to use the Marketplace, ads may be placed once only. Repeats will be permitted only on a space-available basis.

FOR SALE

1995 Jeep Grand Cherokee, 111K miles, books for \$13,000. Power everything, CD stereo, all the bells & whistles. A/C, FT/PT 4WD. \$11,000. Call 857-9004.

Timeshare for sale. E.V.T.O.A. - primetime weeks 29 & 33. Efficiency, sleeps 4. \$1,000 each or BO. Call 799-3047.

Panasonic 32" stereo TV, 1999 model, 4 A/V inputs (1 in front), 2 S-video inputs, remote control, higher end model. \$450. Call 232-5951, leave message.

Universal home fitness gym, Weider 8630, hardly used. Paid \$300, will take \$125 or BO. Call 883-6914.

Drumset in good condition. Black TKO set, Yamaha snare, Headliner cymbals. All hardware incl. \$325 or BO. Call 883-6914.

1991 Isuzu Stylus, 5-speed, gold, AM/FM cassette, AC, power steering, 100K miles. \$1,000 or BO. Inspected thru June. Call 772-8953 ext.1.

Winslow Rd., Gorham. 3+ acre house lots. Wooded country setting. \$45K. Call 839-4664 after 1800 hours.

FOR RENT

Windham: Small house, good for single person or couple. \$625/mo. + sec. dep. + utils. N/S & no pets. Call 871-6781.

Phippsburg: 84 Old Ferry Road, near Kennebec River. Comfortable 3 BR, post & beam family house. Large K w/all appliances, DR & LR, large studio opening onto quiet porch in the woods. Two car garage, 1½ BA. \$1,000/mo. negotiable. Call 442-9798 or e-mail tpatton@clinic.net.

Maui, Hawaii: Luxury resort avail.

1-2 wks. 9/22/01-9/29/01 & 9/29/01-10/6/01. 2 BR, 2 BA, sleeps 6, fully equipped, laundry, pool, exercise, concierge, activities, ocean view. \$775/wk. Call 941-592-9382 (Florida).

Cape Elizabeth: Sunny 3 BR house w/large K & LR, cellar w/W/D. Close to schools. \$975/mo. + 2 mo. security deposit. No pets. Call 871-1461.

Portland: 3rd fl., 3 BR, W/D hkup, storage, newly remodeled, hdwd flrs/ carpet, pkg, personal deck. Must see. Heat incl. \$1,100/mo. + utils. Avail. 2/1/01. Sec. dep. Call 671-2215 or 879-2668.

Portland: 29 Boynton St. 3 BR, available now, lease, sec. dep., 3rd floor, parking, \$930/mo. incl. heat, H/W, gas. Call 842-0783.

Falmouth: Foreside Common. 2 BR, 2 ½ BA w/whirlpool condo. LR, DR w/fireplace. K applianced w/stove, refrig., D/W, W/D. Den or office. Spacious closets. Private deck, end unit w/1 car garage. Full basement w/new oil heat & HW system, A/C, pool & tennis on grounds. 1 yr lease. \$1,800/mo. plus utils. Call 883-4194.

Newly renovated, 3 BR, with off-street parking, W/D hookup, DW, Back Bay water views. Eastern Prom area. \$1,200/mo. incl. heat. Available Feb. 1. Call 775-0776.

ROOMMATE WANTED

Portland: Near MMC. Quiet, professional N/S to share house. \$450/mo. + sec. dep., util. incl. No pets. Call 871-6781.

Eastern Prom: Looking for professional/student to share w/2 professionals. Share BA & K, no pets, N/S. Large BR, free cable, utilities included. Security deposit. Can be furnished. On bus line. \$400/mo. Call 772-3090, leave message.

The deadlines for announcement-length items and **MARKETPLACE** are January 5 for the January 17 issue and January 19 for the January 31 issue.

All items must be in writing and may be sent by interoffice mail to the Public Information Department, by e-mail to FILIPL, or by fax to 871-6212.

Seeking 2 BR apt. situation w/organized, professional F roommate who does not mind 1 indoor cat. I have furniture & W/D to contribute. Looking to move into your place or find one together w/in next 30 days. Call 772-1980.

F and cat seek NS responsible housemate to share sunny, spacious, refurbished East End apt. One block from Prom. Winter water views, HDWD floors, storage. \$365/mo. + utils. Available January. Call 773-1253.

Prof. F to share 3 BR apt. No smoking, drinking, pets. Available now. Call 772-9107, 1700-2000 hours.

CHILD CARE

Gorham: South St. Warm & friendly daycare for pre-schoolers & toddlers. Flexible hours (Mon.-Sat). Reasonable rates. Call 839-2009.

WANTED

This End Up nightstand & bookcase. Call 774-6512 & leave message.

Flute in good condition. Call 829-6051.

To find *What's Happening* online, go to MMC's Intranet site, find "Quick Links" on our home page, and click on *What's Happening*.

What's Happening?

at Maine Medical Center

All month	Healthviews. Comm. TV Network TV 4, Thursdays, 1400 and 2000 hours; Fridays, 0700 hours.
Jan. 15	Martin Luther King Jr. Day
Jan. 19	12-lead ECG: Essentials
See p.2	for Acute Care Practice
Jan. 22	Evidence-Based Practice:
See p.4	What is it?
May 4	Honor Night 2001.
	Festivities begin at 1700 hours. Watch for details!

Holiday reception recipes, by request

Nutrition Services put together a splendid buffet of delicious fare for the Holiday Receptions in December. In keeping with the theme of offering employees more healthful selections, 70% of the items offered were heart healthy. Many of the recipes used were from the Maine Heart Center's "I Love Food" program. Nutrition Services has received requests for recipes from staff who enjoyed the food served at the receptions. Recipes can be found and downloaded from MMC's Intranet. Enjoy!

☐ Change name or address as shown on address label.

☐ Remove my name from your *What's Happening?* mailing list.

Please return this address label in an envelope to the Public Information Department.

Hats for kids with cancer

A patient waiting in the OR Holding Room one day admired a "crazy" hat worn by Sandy Lachtara, CNA. A few months later the patient sent fabric to the OR to be used in some fitting way.

Sandy showed it to co-worker Dan Josti and the two began talking about making hats for children about to have surgery. After gaining approval from OR Head Nurse Karen Dumond, the two began the project.

The hats, which look like scrub hats, are given to children scheduled for insertion of med-a-ports and central lines. The young patients can choose the hat they like best and take it home when they are discharged.

The donated fabric was used up and word spread of the project. Staff brought in scraps and new material purchased for the cause. A variety store owner who heard about the effort donated enough fabric to make 48 hats.

To date, more than 75 hats have been made with love and about a third of them have been chosen by children between 2 and 15 years old. Special thanks to the patient who planted the idea for this project, to Dan for designing and making the hats, and to everyone who has donated fabric. If you'd like to donate child- or youth-themed material, please call Sandy Lachtara in the OR at 871-2241. One yard makes 6 hats.

About People

• **Odette Pennell**, Vocational Services, won \$500 from the RideShare Program. Carpooling can have more than the obvious benefits! RideShare is a program of the Greater Portland Council of Governments. FMI, call 1-800-280-RIDE.

• **Beth Vogel**, Director, Clinical Trials Center, received the Nurse's Excellence Award at the Pulmonary Hypertension Association International Conference in 2000. She was recognized for exemplary action as a member of the PHA and in her community.

What's Happening? is published every other week at Maine Medical Center for members of the hospital community and for friends of the institution throughout Maine and northern New England. Comments, questions, and suggestions may be addressed to the Office of Public Information, MMC, 22 Bramhall Street, Portland, Maine 04102-3175. (207) 871-2196. Editor: Wayne L. Clark.

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